# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/533724**

FILING DATE

APPLICANT(S)

## CLAIMS

| | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. |
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| TOTAL IND. | 4 | | 4 | | | |
| TOTAL DEP. | 11 | | 10 | | | |
| TOTAL CLAIMS | 15 | | 14 | | | |

| | AS FILED IND. | AS FILED DEP. | AFTER 1st AMENDMENT IND. | AFTER 1st AMENDMENT DEP. | AFTER 2nd AMENDMENT IND. | AFTER 2nd AMENDMENT DEP. |
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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |